

Pregnancy Risk Assessment Monitoring System (PRAMS)

Phase 5 Louisiana Telephone English Questionnaire

April 6, 2004

INTERVIEWER: Please circle the number that corresponds to the respondent's answer.

First, I would like to ask a few questions about the time before you got pregnant with your new baby.

1. *Just before* you got pregnant, did you have health insurance? Don't count Medicaid.

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

2. *Just before* you got pregnant, were you on Medicaid?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

3. During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin or a prenatal vitamin? These are pills that contain many different vitamins and minerals. I'm going to read a list of options. Please choose the one that best describes you.

(PROBE: About how many times a week did you take a multivitamin?)

1 You didn't take a multivitamin or a prenatal vitamin at all
2 1 to 3 times a week
3 4 to 6 times a week
4 Every day of the week

(Don't read) 8 Refused
9 Don't know/don't remember

4. What is *your* date of birth?

____ / ____ / ____
Month Day Year

(Don't read) 88/88/8888 Refused
99/99/9999 Don't know/don't remember

- (Don't read)**
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

10. Was the baby *just before* your new one born *more* than 3 weeks before its due date?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

11. How old were you when you got pregnant with your first baby?

- (Don't read) _____ Years old
- | | |
|----|---------------------------|
| 88 | Refused |
| 99 | Don't know/don't remember |

The next questions are about the time when you got pregnant with your *new* baby.

12. Thinking back to *just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant? I'm going to read a list of options. Please choose the one that best describes how you felt.

(PROBE: *Just before* you got pregnant with your *new* baby, how did you feel about becoming pregnant?)

- | | |
|---|--|
| 1 | You wanted to be pregnant sooner |
| 2 | You wanted to be pregnant later |
| 3 | You wanted to be pregnant then |
| 4 | You didn't want to be pregnant then or at any time in the future |

- (Don't read)
- | | |
|---|---------------------------|
| 8 | Refused |
| 9 | Don't know/don't remember |

13. When you got pregnant with your new baby, were you trying to get pregnant?

- (Don't read)
- | | |
|---|---|
| 1 | No |
| 2 | Yes → Go to Question 16 |
| 8 | Refused → Go to Question 16 |
| 9 | Don't know/don't remember → Go to Question 16 |

14. When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do include not having sex at certain times, or rhythm; withdrawal; and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.

(Don't read) 1 No
 2 Yes → Go to Question 16
 8 Refused → Go to Question 16
 9 Don't know/don't remember → Go to Question 16

15. I'm going to read a list of reasons some women or their husbands or partners have for not doing anything to keep from getting pregnant. For each one, please tell me if it was a reason for you or your husband or partner. Was it because _____?

(PROBE: Was one of the reasons you weren't doing anything to keep from getting pregnant because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You didn't mind if you got pregnant				
b. You thought you couldn't get pregnant at that time				
c. You had side effects from the birth control method you were using				
d. You had problems getting birth control when you needed it				
e. You thought you or your husband or partner was sterile or could not get pregnant at all				
f. Your husband or partner didn't want to use anything				
g. Was there any other reason you weren't doing anything to keep from getting pregnant?				
h. IF YES, ASK: What was that reason?				

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care worker before your baby was born to get checkups and advice about pregnancy. It may help to look at the calendar when you answer these questions.

16. How many weeks or months pregnant were you when you were **sure** you were pregnant? For example, you had a pregnancy test or a doctor or nurse said you were pregnant.

(PROBE: About how many weeks or months?)

(Don't read) 1 Number of weeks _____
or
2 Number of months _____

8 88 Refused
7 77 Don't know/don't remember

17. How many weeks or months pregnant were you when you had your first visit for prenatal care? Don't count a visit that was only for a pregnancy test or only for WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children.

(PROBE: How many weeks or months pregnant were you?)

(Don't read) 1 Number of weeks _____
or
2 Number of months _____

3 You didn't go for prenatal care
8 88 Refused
9 99 Don't know/don't remember

18. Did you get prenatal care as early in your pregnancy as you wanted?

(Don't read) 1 No
2 Yes
3 You didn't want prenatal care → **Go to Question 20**
8 Refused
9 Don't know/don't remember

19. I'm going to read a list of problems some women can have getting prenatal care. For each reason, please tell me if it applied to you during your most recent pregnancy. Did you have problems getting prenatal care because _____?

(**PROBE:** Did you have problems getting prenatal care because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You couldn't get an appointment when you wanted one				
b. You didn't have enough money or insurance to pay for your visits				
c. You had no way to get to the clinic or doctor's office				
d. You couldn't take time off from work				
e. The doctor or your health plan would not start care as early as you wanted				
f. You didn't have your Medicaid card				
g. You had no one to take care of your children				
h. You had too many other things going on				
i. You didn't want anyone to know you were pregnant				
j. Did you have any other problems getting prenatal care?				
k. IF YES, ASK: What was that problem?	<hr/> <hr/>			

INTERVIEWER: If the mother did not go for prenatal care, go to Question 25.

20. Please tell me which **one** of the following places best describes where you went **most of the time** for your prenatal care visits. Don't include visits for WIC. Was it _____?

(PROBE: Which place did you go **most of the time**?)

- 1 A hospital clinic
 - 2 A health department clinic
 - 3 A private doctor's office or HMO clinic
 - 7 Some other place
- IF YES, ASK: Where did you go? _____

- (Don't read)** 8 Refused
- 9 Don't know/don't remember

21. I'm going to read a list of ways prenatal care can be paid for. For each one, please tell me if it applied to you. Was your prenatal care paid by _____?

(PROBE: How was your prenatal care paid for?)

Method of Payment	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Medicaid				
b. Personal income, such as cash, check, or credit card				
c. Health insurance or HMO, including insurance from your work or your husband's work				
d. Was there any other way your prenatal care was paid for?				
e. IF YES, ASK: What was that?				

22. Now I'm going to read a list of things that might be talked about during prenatal care visits. For each thing, please tell me if a doctor, nurse, or other health care worker talked with you about it during any of your prenatal care visits. Please count only discussions, not reading materials or videos. Did someone talk with you about _____?

(PROBE: During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about _____?)

Subject	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. How smoking during pregnancy could affect your baby				
b. Breastfeeding your baby				
c. How drinking alcohol during pregnancy could affect your baby				
d. Using a seat belt during your pregnancy				
e. Birth control methods to use after your pregnancy				
f. Medicines that are safe to take during your pregnancy				
g. How using illegal drugs could affect your baby				
h. Doing tests to screen for birth defects or diseases that run in your family				
i. What to do if your labor starts early				
j. Getting tested for HIV, the virus that causes AIDS				
k. Physical abuse to women by their husbands or partners				

23. During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about how much weight you should gain during your pregnancy?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

24. During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask if you were smoking cigarettes?

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

25. At any time during your most recent pregnancy or delivery, did you have a test for HIV, the virus that causes AIDS?

(Don't read) 1 No
 2 Yes
 8 Refused
 7 Don't know/don't remember

26. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

(Don't read) 1 No → **Go to Question 28**
 2 Yes
 8 Refused → **Go to Question 28**
 9 Don't know/don't remember → **Go to Question 28**

27. I'm going to read a list of sources where some women hear about folic acid. For each one, please tell me if you have ever heard about folic acid from that source. Have you ever heard about folic acid from _____?

Source	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. A magazine or newspaper article				
b. Radio or television				
c. A doctor, nurse, or other health care worker				
d. A book				
e. Family or friends				
f. Have you ever heard about folic acid from any other source?				
g. IF YES, ASK: Where have you heard about it?				

The next questions are about your most recent pregnancy and things that might have happened during your pregnancy.

28. During your most recent pregnancy, were you on WIC?
(PROBE: During your most recent pregnancy, were you on WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children?)

(Don't read)

1	No
2	Yes
8	Refused
9	Don't know/don't remember

29. I'm going to read a list of problems that women may have during pregnancy. For each problem, please tell me if you experienced it during your pregnancy. Did you have _____?
(PROBE: Did you have _____ during your most recent pregnancy?)

Problem	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. High blood sugar, or diabetes, that started <i>before</i> this pregnancy				
b. High blood sugar, or diabetes, that started <i>during</i> this pregnancy				
c. Vaginal bleeding				
d. A kidney or bladder or urinary tract infection				
e. Severe nausea, vomiting, or dehydration				
f. Did your cervix have to be sewn shut, also known as an incompetent cervix?				
g. High blood pressure or hypertension, including pregnancy-induced hypertension, PIH; preeclampsia; or toxemia				
h. Problems with the placenta, such as abruptio placentae or placenta previa				
i. Labor pains more than 3 weeks before your baby was due, or preterm or early labor				
j. Did your water break more than 3 weeks before your baby was due, also known as premature rupture of membranes, or PROM?				
k. A blood transfusion				
l. Were you hurt in a car accident?				

INTERVIEWER: If the mother did not have any of these problems, go to Question 31.

30. Did you do any of the following things because of these problems? Did you _____?
(PROBE: Did you _____ because of problems during your pregnancy?)

Situation	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Go to the hospital or emergency room and stay less than 1 day				
b. Go to the hospital and stay 1 to 7 days				
c. Go to the hospital and stay more than 7 days				
d. Stay in bed at home more than 2 days because of advice from your doctor or nurse				

The next questions are about smoking cigarettes and drinking alcohol.

31. Have you smoked at least 100 cigarettes in the *past 2 years*? A pack has 20 cigarettes.

(Don't read) 1 No → Go to Question 35
 2 Yes
 8 Refused → Go to Question 35
 9 Don't know/don't remember → Go to Question 35

32. In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day?
 A pack has 20 cigarettes. Did you smoke _____?
(PROBE: About how many cigarettes did you smoke on an average day?)

1 41 cigarettes or more a day
 2 21 to 40 cigarettes
 3 11 to 20 cigarettes
 4 6 to 10 cigarettes
 5 1 to 5 cigarettes
 6 Less than 1 cigarette
 7 Zero cigarettes

(Don't read) 8 Refused
 9 Don't know/don't remember

33. In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? Did you smoke _____?

(PROBE: About how many cigarettes did you smoke on an average day?)

- 1 41 cigarettes or more a day
- 2 21 to 40 cigarettes
- 3 11 to 20 cigarettes
- 4 6 to 10 cigarettes
- 5 1 to 5 cigarettes
- 6 Less than 1 cigarette
- 7 Zero cigarettes

(Don't read) 8 Refused
9 Don't know/don't remember

34. How many cigarettes do you smoke on an average day *now*? Do you smoke _____?

(PROBE: About how many cigarettes do you smoke on an average day?)

- 1 41 cigarettes or more a day
- 2 21 to 40 cigarettes
- 3 11 to 20 cigarettes
- 4 6 to 10 cigarettes
- 5 1 to 5 cigarettes
- 6 Less than 1 cigarette
- 7 Zero cigarettes

(Don't read) 8 Refused
9 Don't know/don't remember

35. Have you had any alcoholic drinks in the *past 2 years*? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

(Don't read) 1 No → Go to Question 38
2 Yes
8 Refused → Go to Question 38
9 Don't know/don't remember → Go to Question 38

36a. During the **3 months before** you got pregnant, how many alcoholic drinks did you have in an average week? Did you have _____?

(PROBE: During the **3 months before** you got pregnant, about how many drinks did you have in an average week?)

- 1 14 drinks or more a week
- 2 7 to 13 drinks a week
- 3 4 to 6 drinks a week
- 4 1 to 3 drinks a week
- 5 Less than 1 drink a week
- 6 You didn't drink then

(Don't read) 8 Refused
9 Don't know/don't remember

36b. During the **3 months before** you got pregnant, how many times did you drink 5 alcoholic drinks or more in one sitting? Was it _____?

(PROBE: During the **3 months before** you got pregnant, about how many times did you drink 5 alcoholic drinks or more in one sitting?)

- 1 6 or more times
- 2 4 to 5 times
- 3 2 to 3 times
- 4 1 time
- 5 You didn't have 5 drinks or more in 1 sitting
- 6 You didn't drink then

(Don't read) 8 Refused
9 Don't know/don't remember

37a. During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week? Did you have _____?

(PROBE: During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?)

- 1 14 drinks or more a week
- 2 7 to 13 drinks a week
- 3 4 to 6 drinks a week
- 4 1 to 3 drinks a week
- 5 Less than 1 drink a week
- 6 You didn't drink then

(Don't read) 8 Refused
9 Don't know/don't remember

37b. During the *last 3 months* of your pregnancy, how many times did you drink 5 alcoholic drinks or more in one sitting? Was it _____?

(PROBE: During the *last 3 months* of your pregnancy, about how many times did you drink 5 alcoholic drinks or more in one sitting?)

- 1 6 or more times
- 2 4 to 5 times
- 3 2 to 3 times
- 4 1 time
- 5 You didn't have 5 drinks or more in 1 sitting
- 6 You didn't drink then

(Don't read) 8 Refused
9 Don't know/don't remember

Pregnancy can be a difficult time for some women. The next question is about things that may have happened before and during your most recent pregnancy.

38. I'm going to read a list of things that may have happened during the **12 months before** your new baby was born. For each one, please tell me if it happened to you. It may help to use the calendar.
(PROBE: During the **12 months before** your new baby was born, _____?)

Item	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did a close family member get very sick and have to go into the hospital?				
b. Did you get separated or divorced from your husband or partner?				
c. Did you move to a new address?				
d. Were you homeless?				
e. Did your husband or partner lose his job?				
f. Did you lose your job even though you wanted to go on working?				
g. Did you argue with your husband or partner more than usual?				
h. Did your husband or partner say he didn't want you to be pregnant?				
i. Did you have a lot of bills you couldn't pay?				
j. Were you in a physical fight?				
k. Did your husband or partner or you go to jail?				
l. Did someone very close to you have a bad problem with drinking or drugs?				
m. Did someone very close to you die?				

The next questions are about the time during the *12 months before* you got pregnant with your new baby.

39a. During the *12 months before* you got pregnant, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

39b. During the *12 months before* you got pregnant, were you physically hurt in any way by your husband or partner?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

The next questions are about the time during your most recent pregnancy.

40a. During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

40b. During your most recent pregnancy, were you physically hurt in any way by your husband or partner?

- (Don't read)
- | | |
|---|---------------------------|
| 1 | No |
| 2 | Yes |
| 8 | Refused |
| 9 | Don't know/don't remember |

The next questions are about your labor and delivery. It may help to look at the calendar when you answer these questions.

41. On what date was your baby due?
(**PROBE:** When was your baby due?)

(**Don't read**) / /
Month Day Year

88/88/8888 Refused
99/99/9999 Don't know/don't remember

42. On what date did you go into the hospital to have your baby?
(**PROBE:** When did you go into the hospital to have your baby?)

(**Don't read**) / /
Month Day Year

76/76/7676 You didn't have your baby in a hospital
88/88/8888 Refused
99/99/9999 Don't know/don't remember

43. On what date was your baby born?
(**PROBE:** When was your baby born?)

(**Don't read**) / /
Month Day Year

88/88/8888 Refused
99/99/9999 Don't know/don't remember

44. On what date were you discharged from the hospital after your baby was born?
(**PROBE:** When were you discharged from the hospital after your baby was born?)

(**Don't read**) / /
Month Day Year

76/76/7676 You didn't have your baby in a hospital
88/88/8888 Refused
99/99/9999 Don't know/don't remember

45. I'm going to read a list of ways that can be used to pay for a baby's delivery. For each one, please tell me if it applied to your delivery. Was your delivery paid by _____?
(PROBE: Was _____ a method you used to pay for your baby's delivery?)

Method of Payment	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Medicaid				
b. Personal income, such as cash, check, or credit card				
c. Health insurance or HMO, including insurance from your work or your husband's work				
d. Was there any other way you used to pay for your delivery?				
e. IF YES, ASK: What was that?	<hr/> <hr/>			

The next questions are about the time since your new baby was born.

46. After your baby was born, was he or she put in an intensive care unit?

(Don't read) 1 No
 2 Yes
 8 Refused
 7 Don't know/don't remember

47. After your baby was born, how long did he or she stay in the hospital?

(PROBE: Did he or she stay in the hospital for _____?)

- 1 Less than 24 hours, or less than 1 day
- 2 24 to 48 hours, or 1 to 2 days
- 3 3 days
- 4 4 days
- 5 5 days
- 6 6 days or more

(Don't read) 7 Your baby wasn't born in a hospital
8 Your baby is still in the hospital → **Go to Question 50**
88 Refused
99 Don't know/don't remember

48. Is your baby alive now?

(Don't read) 1 No → **Go to Question 67**
2 Yes
8 Refused → **Go to Question 67**
9 Don't know/don't remember → **Go to Question 67**

49. Is your baby living with you now?

(Don't read) 1 No → **Go to Question 67**
2 Yes
8 Refused → **Go to Question 67**
9 Don't know/don't remember → **Go to Question 67**

50. Did you ever breastfeed or pump breast milk to feed your new baby after delivery?

(Don't read) 1 No
2 Yes → **Go to Question 52**
8 Refused → **Go to Question 55**
9 Don't know/don't remember → **Go to Question 55**

51. I'm going to read a list of reasons that some women give for not breastfeeding their babies. For each one, please tell me if it was a reason for you. Was it because _____?
(PROBE: Was this a reason you did not breastfeed your new baby?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your baby was sick and could not breastfeed				
b. You were sick or on medicine				
c. You had other children to take care of				
d. You had too many household duties				
e. You didn't like breastfeeding				
f. You didn't want to be tied down				
g. You were embarrassed to breastfeed				
h. You went back to work or school				
i. You wanted your body back to yourself				
j. Was there any other reason you didn't breastfeed your new baby?				
k. IF YES, ASK: What was that reason?	<hr/> <hr/>			

INTERVIEWER: If the mother did not breastfeed her new baby, go to Question 55.

52. Are you still breastfeeding or feeding pumped milk to your new baby?

(Don't read) 1 No
 2 Yes → **Go to Question 54**
 8 Refused → **Go to Question 54**
 9 Don't know/don't remember → **Go to Question 54**

53. How many weeks or months did you breastfeed or pump milk to feed your baby?
(**PROBE:** About how many weeks or months?)

(**Don't read**) 1 Number of weeks _____
 or
 2 Number of months _____

 5 41 Breastfed less than 1 week
 8 88 Refused
 9 99 Don't know/don't remember

54. How old was your baby the first time you fed him or her anything besides breast milk? Include formula, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.
(**PROBE:** Repeat question as necessary.)

(**Don't read**) 1 Number of weeks _____
 or
 2 Number of months _____

 5 41 Your baby was less than 1 week old
 6 42 You haven't fed your baby anything besides breast milk
 8 88 Refused
 9 99 Don't know/don't remember

INTERVIEWER: If the baby was not born in a hospital, go to Question 56.
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55. I'm going to read a list of things that may have happened at the hospital where your new baby was born. For each one, please tell me whether or not it happened.
(**PROBE:** Did this happen at the hospital where your new baby was born?)

Events at Hospital	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did hospital staff give you information about breastfeeding?				
b. Did your baby stay in the same room with you at the hospital?				
c. Did you breastfeed your baby in the hospital?				
d. Did you breastfeed your baby in the first hour after your baby was born?				
e. Did hospital staff help you learn how to breastfeed?				
f. Was your baby fed only breast milk at the hospital?				
g. Did hospital staff tell you to breastfeed whenever your baby wanted?				
h. Did the hospital give you a gift pack with formula?				
i. Did the hospital give you a telephone number to call for help with breastfeeding?				
j. Did your baby use a pacifier in the hospital?				

56. Did anyone suggest that you *not* breastfeed your new baby?

(Don't read) 1 No → Go to Question 58
 2 Yes
 8 Refused → Go to Question 58
 9 Don't know/don't remember → Go to Question 58

57. I'm going to read a list of people who may have suggested that you **not** breastfeed your new baby. For each person, please tell me whether or not they suggested you **not** breastfeed.
(PROBE: Did _____ suggest that you **not** breastfeed your new baby?)

Person	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your husband or partner				
b. Your mother, father, or in-laws				
c. Another family member or relative				
d. Your friends				
e. Your baby's doctor, nurse, or other health care worker				
f. Your doctor, nurse, or other health care worker				
g. Did anyone else suggest that you not breastfeed your new baby?				
h. IF YES, ASK: Who was that? _____ _____				

INTERVIEWER: If the baby is still in the hospital, go to Question 65.

58. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?
(PROBE: About how many hours a day is your baby **usually** in the same room with someone who is smoking?)

Number of hours _____

(Don't read) 00 Your baby is never in the same room with someone who is smoking
 01 Less than 1 hour a day
 88 Refused
 99 Don't know/don't remember

59. How do you ***most often*** lay your baby down to sleep now? Is it _____?
(**PROBE:** Which way do you lay him or her down ***most*** of the time?)

1 On his or her side
2 On his or her back
3 On his or her stomach

(**Don't read**) 4 On side and back
5 On side and stomach
6 On back and stomach
7 On side, back, and stomach
8 Refused
9 Don't know/don't remember

60. How often does your new baby sleep in the same bed with you or anyone else? Is it always, often, sometimes, rarely, or never?

(**PROBE:** How often does your new baby sleep in the same bed with you or anyone else?)

(**Don't read**) 1 Always
2 Often
3 Sometimes
4 Rarely
5 Never

8 Refused
9 Don't know/don't remember

61. Was your new baby seen by a doctor, nurse, or other health care worker during the first week after he or she left the hospital?

(**Don't read**) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

62. Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby, usually at 2, 4, or 6 months of age.

(**Don't read**) 1 No → **Go to Question 65**
2 Yes
8 Refused → **Go to Question 65**
9 Don't know/don't remember → **Go to Question 65**

63. How many times has your new baby been to a doctor or nurse for a well-baby checkup? It may help to use the calendar.

(Don't read) _____ Times

88 Refused

99 Don't know/don't remember

64. Please tell me which one of the following best describes where you *usually* take your new baby for well-baby checkups. Is it _____?

(PROBE: Where do you *usually* take your new baby for well-baby checkups?)

1 A hospital clinic

2 A health department clinic

3 A private doctor's office or HMO clinic

7 Some other place

→ IF YES, ASK: Where is that? _____

(Don't read) 8 Refused

9 Don't know/don't remember

65. Do you have health insurance or Medicaid for your new baby?

(Don't read) 1 No → Go to Question 67

2 Yes

8 Refused → Go to Question 67

9 Don't know/don't remember → Go to Question 67

66. I'm going to read a list of different types of health insurance. For each one, please tell me if your new baby is covered by that type of insurance. Is he or she covered by _____?
(PROBE: What type of insurance is your new baby covered by?)

Insurance	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Medicaid				
b. Private insurance or HMO, including insurance from your work or your husband's work				
c. Is your baby covered by any other type of insurance?				
d. IF YES: What is that?	<hr/> <hr/> <hr/>			

67. Are you or your husband or partner doing anything **now** to keep from getting pregnant? Some things people do include not having sex at certain times, or rhythm; withdrawal; and using birth control methods such as the pill, condoms, cervical ring, IUD, having their tubes tied, or their partner having a vasectomy.

(Don't read) 1 No
 2 Yes → **Go to Question 69**
 8 Refused → **Go to Question 70**
 9 Don't know/don't remember → **Go to Question 70**

68. I'm going to read a list of reasons some women or their husbands or partners have for not doing anything to keep from getting pregnant. For each one, please tell me if it is one of the reasons for you or your husband or partner **now**. Is it because _____?

(PROBE: Is one of the reasons you aren't doing anything to keep from getting pregnant **now** because _____?)

Reason	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. You're not having sex				
b. You want to get pregnant				
c. You don't want to use birth control				
d. Your husband or partner doesn't want to use anything				
e. You don't think you can get pregnant, or you're sterile				
f. You can't pay for birth control				
g. You're pregnant now				
h. Is there any other reason you're not doing anything to keep from getting pregnant now?				
i. IF YES, ASK: What is that reason? _____ _____				

INTERVIEWER: If the mother or her husband or partner is not doing anything to keep from getting pregnant, go to Question 70.

69. I'm going to read a list of birth control methods that some people use to keep from getting pregnant. For each one, please tell me if you or your husband or partner is using that method **now**.

(PROBE: What kind of birth control are you or your husband or partner using **now** to keep from getting pregnant?)

Method	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Tubes tied or closed, or female sterilization				
b. Vasectomy, or male sterilization				
c. The Pill				
d. Condoms				
e. Shot once a month, or Lunelle [®]				
f. Shot once every 3 months, or Depo-Provera [®]				
g. Contraceptive patch, or OrthoEvra [®]				
h. Diaphragm, cervical cap, or sponge				
i. Cervical ring, such as NuvaRing [®] or others				
j. IUD, including Mirena [®]				
k. The rhythm method or natural family planning				
l. Withdrawal, or pulling out				
m. Not having sex, or abstinence				
n. Are you or your husband or partner using anything else to keep from getting pregnant now ?				
o. IF YES, ASK: What are you using?				

The next few questions are about the time during the *12 months before* your new baby was born.

70. I'm going to read a list of sources of income. For each one, please tell me if any of your household's income came from that source during the *12 months before* your new baby was born. Did you or anyone in your household get _____?
(PROBE: Did anyone in your household get _____?)

Source of Income	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. A paycheck or money from a job				
b. Money from family or friends				
c. Money from a business, fees, dividends, or rental income				
d. Aid such as Temporary Assistance for Needy Families, or TANF; welfare; WIC; public assistance; general assistance; food stamps; or Supplemental Security Income, or SSI				
e. Unemployment benefits				
f. Child support or alimony				
g. Social security, workers' compensation, disability, veteran benefits, or pensions				
h. Did you or anyone in your household get money from any other sources?				
i. IF YES, ASK: What were these sources? _____ _____				

71. During the **12 months before** your new baby was born, what was your total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have used. All information will be kept private and will not affect any services you are now getting. Was your total household income before taxes _____?

(PROBE: During the **12 months before** your new baby was born, what was your total household income before taxes?)

- 1 Less than \$10,000
- 2 \$10,000 to less than \$15,000
- 3 \$15,000 to less than \$20,000
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$35,000
- 6 \$35,000 to less than \$50,000
- 7 \$50,000 or more

(Don't read) 88 Refused
99 Don't know/don't remember

72. During the **12 months before** your new baby was born, how many people, including yourself, depended on this income?

(Don't read) _____ People

- 88 Refused
- 99 Don't know/don't remember

The next few questions are on a variety of topics.

73. Please tell me which **one** of the following statements best describes you during the **3 months before** you got pregnant.

- 1 You were trying to get pregnant
- 2 You weren't trying to get pregnant or trying to keep from getting pregnant
- 3 You were trying to keep from getting pregnant but were not trying very hard
- 4 You were trying hard to keep from getting pregnant

(Don't read) 8 Refused
9 Don't know/don't remember

74. Please tell me which **one** of the following statements best describes your husband or partner during the **3 months before** you got pregnant.

- 1 He wanted you to get pregnant
- 2 He partly wanted you to get pregnant and partly wanted you not to get pregnant
- 3 He didn't care one way or the other whether you got pregnant
- 4 He didn't especially want you to get pregnant
- 5 He wanted very much for you not to get pregnant

(Don't read) 8 Refused
9 Don't know/don't remember

75. **Before** you got pregnant with your new baby, had you ever heard or read about emergency birth control, also known as the "morning-after pill"? This combination of pills is used to prevent pregnancy up to 3 days after unprotected sex.

(Don't read) 1 No
2 Yes
8 Refused
9 Don't know/don't remember

INTERVIEWER: If the mother did not smoke during the **3 months before** she got pregnant OR if she did not have any prenatal care, go to Question 77.

76. I'm going to read a list of things about smoking a doctor, nurse, or other health care worker might have done during any of your prenatal care visits. For each one, please tell me if it applied to you. During any of your prenatal care visits, did a doctor, nurse, or other health care worker _____?

(PROBE: During any of your prenatal care visits, did a doctor, nurse, or other health care worker _____?)

Thing	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Spend time with you discussing how to quit smoking				
b. Suggest that you set a specific date to stop smoking				
c. Prescribe a nicotine nasal spray or nicotine inhaler				
d. Prescribe a pill like Zyban [®] , also known as Wellbutrin [®] or bupropion, to help you quit				
e. Recommend using nicotine gum				
f. Recommend using a nicotine patch				
g. Suggest you attend a class or program to stop smoking				
h. Provide you with booklets, videos, or other materials to help you quit smoking on your own				
i. Refer you to counseling for help with quitting				
j. Ask if a family member or friend would support your decision to quit				
k. Refer you to a national or state quit line				

77. During the *last 3 months* of your most recent pregnancy, about how many servings of fruits or vegetables did you have in a day? I'm going to read a list of possible responses. Please tell me which one best describes you.

(PROBE: During the *last 3 months* of your most recent pregnancy, about how many servings of fruits or vegetables did you have in a day?)

- 1 You ate less than 1 serving of fruits or vegetables per day
- 2 You ate 1 or 2 servings per day
- 3 3 or 4 servings per day
- 4 5 or more servings per day

(Don't read) 8 Refused
9 Don't know/don't remember

78. I'm going to read a list of services some women get when they are pregnant. For each one, please tell me if you got that service during your most recent pregnancy.

(**PROBE:** During your most recent pregnancy, did you get _____?)

Service	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Childbirth classes				
b. Parenting classes				
c. Classes on how to stop smoking				
d. Visits to your home by a nurse or other health care worker				
e. Food stamps				
f. TANF or welfare				

INTERVIEWER: If the baby is not alive or is not living with the mother, go to Question 82.

79. I'm going to read a list of statements about safety. For each thing, please tell me if it applies to you.

(**PROBE:** Repeat question as necessary.)

Safety Item	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Your infant was brought home from the hospital in an infant car seat				
b. Your baby always or almost always rides in an infant car seat				
c. Your home has a working smoke alarm				
d. There are <i>loaded</i> guns, rifles, or other firearms in your home				

80. Are you currently in school or working outside the home?

(Don't read) 1 No → Go to Question 82
 2 Yes
 8 Refused → Go to Question 82
 9 Don't know/don't remember → Go to Question 82

81. Which one of the following people spends the most time taking care of your new baby when you go to work or school? Is it _____?

(PROBE: Who spends the most time taking care of your baby when you go to work or school?)

- 1 Your husband or partner
- 2 The baby's grandparent
- 3 Another close family member or relative
- 4 A friend or neighbor
- 5 A babysitter, nanny, or other child care provider
- 6 Staff at a day care center
- 7 Another person

IF SO, THEN ASK: Who is that? _____

- (Don't read)** 8 Refused
- 9 Don't know/don't remember

82. These questions are about the care of your teeth during your most recent pregnancy. During your most recent pregnancy, _____

Kind of Help	(Don't read)			
	No (1)	Yes (2)	Refused (8)	Don't know (9)
a. Did you need to see a dentist for a problem?				
b. Did you go to a dentist or dental clinic?				
c. Did a dental or other health care worker talk with you about how to care for your teeth and gums?				

This finishes the interview. Is there anything you would like to say about the health of mothers and babies in Louisiana?

INTERVIEWER: Record respondent's verbatim comments below.

Thanks for answering our questions. Your answers will help us to work to make Louisiana mothers and babies healthier. Goodbye.

INTERVIEWER:

83. FILL IN TODAY'S DATE:

 / /
Month Day Year